

City of Columbus
Department of Public Utilities
Utility Contractor-Pre-Approval Application

Type of Authorization Applied for:

Water Contractor Only ☐

Sewer Contractor Only ☐

Water & Sewer Contractor ☐

Name of Applicant:

(LAST) (FIRST) (MI)

Address:

(HOME) (CITY) (STATE) (ZIP)

Date of Birth:

(MO) (DAY) (YEAR)

Phone #

Do you hold or have you ever held any of the above authorizations/licenses with any Municipality? Yes ☐ No ☐

If yes, what municipality, what type and what years;

Has any of the previous authorizations/licenses ever been suspended or revoked?

Yes ☐

No ☐

If Yes please explain:

Have you ever been convicted of a felony?

Yes ☐

No ☐

List your work experience for each of the licenses applied in accordance with City Code 4414.505. Omit temporary employment. Application needs to be accurate and complete.

Name of Company	Contact Name	Phone Number	Dates:	Description of Work/ Duties
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I do hereby certify that I am familiar with the Codes and Specification requirements of Columbus City Code 4414.505 and the above information is correct to the best of my knowledge.

Signature and date of Applicant:

Attach photo I.D.

Department Committee
Approval

Yes ☐

No ☐

Signature:

Review Committee Board Member